

24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

(SCHEDULE E)

PAGE 1 OF 1
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full)
WOMEN VOTE!

FEC IDENTIFICATION NUMBER ▼

C C00473918

Check If ☐ 24-hour report ☒ 48-hour report

☒ New report ☐ Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Mission Control Inc

Date

MM / DD / YYYY
10 / 18 / 2011

Mailing Address 114 A Mansfield Hollow Rd

Amount

16340.25

City
Mansfield Center

State
CT

Zip Code
06250

Transaction ID : SE-6189

Purpose of Expenditure
Mailhouse

Category/
Type

Office Sought:

☒ House

State: OR

☐ Senate

District: 01

☐ President

Check One:

☒ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Suzanne Bonamici

Calendar Year-To-Date Per Election
for Office Sought

16340.25

Disbursement For: ☐ Primary ☐ General
2011 ☒ Other (specify) Spec-Primary

Full Name (Last, First, Middle Initial) of Payee

Date

MM / DD / YYYY

Mailing Address

Amount

City

State

Zip Code

Purpose of Expenditure

Category/
Type

Office Sought:

☐ House

State:

☐ Senate

District:

☐ President

Check One:

☐ Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For: ☐ Primary ☐ General
☐ Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶

16340.25

(b) SUBTOTAL of Unitemized Independent Expenditures ▶

(c) TOTAL Independent Expenditures..... ▶

16340.25

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Caroline Fines

[Electronically Filed]

Date

MM / DD / YYYY
10 / 18 / 2011

Signature